Department of Mental Health

Mental Health and Substance Abuse Committee Oversight Hearing
Correctional Mental Health
March 20, 2006
Elizabeth Childs, M.D., Commissioner

Good morning, Senator Tolman, Representative Balser and members of the committee. I am pleased to be here today to talk to you about the Department of Mental Health and its role in the Commonwealth's correctional system.

Governor Romney acknowledges the importance of mental health care in a modern correctional system. The report of Governor Romney's Commission on Corrections Reform issued a number of recommendations that included the complex area of mental health services and treatment for the Department of Corrections incarcerated population, specifically in trauma and mental health issues for female offenders. I was honored to be appointed by Governor Romney to the Department of Corrections Advisory Council, the body charged with monitoring the implementation of reforms recommended by the Governor's Commission on Correction Reform. This speaks strongly to the Governor's recognition of and commitment to establishing mental health as a priority in our state's prisons.

I would also take this opportunity to commend and thank Department of Corrections Commissioner Dennehy for her commitment to improving the Commonwealth's correctional system and bringing mental health to the forefront in this work. Because of Commissioner Dennehy's sensitivity and respect for the role of behavioral health care in the rehabilitation of criminal offenders, DMH and DOC have developed strong and collaborative linkages.

Before I discuss the work of the DOC Advisory Council and its final report of October 2005, and the work of the Department of Mental Health, it is important to understand the national context regarding mental health and correctional systems.

There is an often-cited statistic that starkly puts in perspective the relationship between behavioral health and the corrections system. "The Los Angeles County jail, with 3,400 mentally ill prisoners, functions as the largest psychiatric inpatient institution in the United States. New York's Rikers Island, with 3,000 mentally ill inmates, is second. According to the Justice Department, roughly 16 percent of American inmates have serious psychiatric illnesses like schizophrenia, manic-depressive illness and disabling depression."[i] This reflects what mental health and corrections experts have known for some time: Our nation's prisons have become the default mental health treatment facility.

Some facts to consider when looking at the overrepresentation of people with mental illness in our nation's criminal justice system:[ii]

- Today, there are approximately 2 million people incarcerated in U.S. prisons or jails; approximately 10 million people are booked into U.S. jails over the course of a year.

- Approximately five percent of the U.S. population has a serious mental illness. The U.S. Department of Justice reports, however, that about 16 percent of the population in prison or jail has a mental illness.

- Nearly three-quarters of inmates with mental illness have a co-occurring substance abuse disorder.

- Inmates with mental illness in state prison were 2.5 times as likely to have been homeless in the year preceding their arrest than inmates without a mental illness.

- Nearly half the inmates in prison with a mental illness were incarcerated for committing a nonviolent crime.

Our best hope to begin to reverse these preventable and disturbing trends is the recognition that mental illnesses are treatable. The U.S. Surgeon General Report of 1999 and more recently, the President's New Freedom Commission on Mental Health tell us that mental health is an essential part of health care, but societal stigma is the main barrier to people seeking treatment. For incarcerated individuals, societal marginalization is twofold – mental and physical health care is often not a priority.

That I am before you today along with my colleagues in the corrections and health care fields speaks to the progress we are making in Massachusetts. The Governor's Commission on Corrections Reform made 18 comprehensive recommendations in a plan to enhance public safety by reducing the rate of recidivism among inmates. The mental and physical health of inmates is a priority in these recommendations.

Among the findings and recommendations of the Department of Corrections Advisory Council, the body on which I serve, is the issue of a statewide re-entry plan. Across the nation, prisoner reentry has focused attention on public safety, on how corrections systems should manage the volume of releases and about how communities can reintegrate returning prisoners. Re-entry has become an important concept, one that crosses disciplines. Here in Massachusetts the responsibility of prisoner re-entry is not exclusive to the prison system. As the Advisory Council stated in its report, many other agencies and organizations at the state and local levels have equally significant roles and responsibilities. We know that a large percentage of inmates have mental health and substance abuse problems, therefore the Department of Mental Health and our sister agency, the Department of Public Health are necessary partners. The collaboration of parole and probation departments, the sheriff's office, district attorneys, the courts, the Legislature and criminal justice, housing and human services agencies on the local level is essential to developing a model statewide re-entry plan. It is essential to public safety

and to the mental health of inmates who return to our communities. The Governor's Commission and the Advisory Council have begun the frank discussions necessary to implement the recommendations. We are on the right road.

The Department of Mental Health directly connects and collaborates with the Department of Corrections in two distinct service programs – the State Prison Survey Team and the Forensic Transition Team.

The review of Department of Corrections segregated units is statutorily established by Massachusetts General Law Chapter 127, Section 39 and required the Department of Mental Health to review the medical and psychiatric examinations and treatment for inmates. The Department of Mental Health has been conducting these periodic reviews since 1981 and comprehensively examines the provision of medical, dental and mental health services for inmates. The DMH inspection team is multidisciplinary and is comprised of a medical physician, a psychiatrist, a nurse practitioner and a licensed social worker.

The Department of Mental Health Forensic Transition Team (FTT) program provides re-entry services for inmates with severe and persistent mental illness who are being discharged from incarceration settings into the community. This program serves primarily DMH-eligible individuals incarcerated in the Department of Corrections. The DMH FTT program is effective in reducing recidivism for individuals with mental illnesses by connecting them with appropriate services. The FTT program also engages parole and probation departments in this work.

Crucial to successful re-entry for ex-offenders is access to medical and behavioral health services. The MassHealth Behavioral Health division of the Department supports the Regional Re-entry Centers by screening ex-offenders for physical and behavioral health needs through a project called the Healthcare Access Protocol. The MassHealth care management staff assigned to this project coordinate community-based services for individuals identified with needing physical and mental health services. On the day they

are released, qualified ex-offenders receive MassHealth membership, an initiative critical to improving access to services—and ultimately reducing recidivism.

In an effort to address the involvement of juveniles in the criminal justice system, the Department of Mental Health through the MassHealth Behavioral Health Partnership (MBHP) is engaged in a collaborative effort to improve access to behavioral health services for youths served by the juvenile court clinics. A steering group that consists of members from MBHP, the Department of Mental Health, the Massachusetts Trial Court, the Department of Youth Services and the Department of Social Services guide this process of collecting and analyzing data to target interventions for this population. While this is not direct involvement in the state's corrections system, it is a preventive measure. For many young people, unidentified and untreated mental illnesses lead to jail and prison. In one of the largest studies ever done, the National Institutes of Mental Health found that a disturbing 65 percent of boys and 75 percent of girls, some as young as 8 years old, in juvenile detention facilities have at least one mental disorder.

Another project that applies a prevention philosophy is police training. The Department supports comprehensive training for both the Worcester and MBTA police forces. These trainings have focused on the identification and police response to individuals with mental illness. A proposed research project, currently under development with the Boston Police, seeks to test different types of police training against a control group. This would seek to identify the most cost effective manner for police training in this area. The effort is supported by the National Institute of Justice, the National Institute of Mental Health, the National Science Foundation and Astra Zeneca. Additional projects in Western Massachusetts focus on meeting the challenges of this training for police in more rural settings. The Department of Mental Health Southeastern Area employs a police training modeled after the well-known Memphis police training program. In 1988 the Memphis Police Department began working with the local chapter of the National Alliance on Mental Illness (NAMI) and two local universities to organize and implement the first Crisis Intervention Team program and train officers. The DMH Southeastern Area police training includes police officers, emergency room personnel, probation

officers, hospital security staff and other personnel likely to be on the scene of a crisis, learn interventions, coordination and appropriate responses to calls concerning people who display severe emotional disturbances rather than arresting and incarcerating them.

On another front, mental health advocate and National Alliance of Mental Illness past president Pat Lawrence has in the past several years reached thousands of police officers, recruits and security personnel through a police training program she designed and delivers through her eyes as the wife of a police officer and the mother of a child with mental illness.

I thank you for the opportunity to address this committee. I would be pleased to provide you with more detailed information or answer any questions you may have.

[i] New York Times, Op-Ed "Out of the Asylum, Into the Cell" By Sally Satel, Published November 1, 2003

[ii] Consensus Project